

## Utah AIDS Foundation

1408 S 1100 E Salt Lake City, UT 84105 Voice: 801/487-2323 FAX: 801/486-3978

### 2008/09 Fundamentals of HIV Prevention Counseling - Training Application

#### CONTACT INFORMATION

Applicant name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State   ZIP

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Daytime phone number    -    -

FAX    -    -

Agency affiliation \_\_\_\_\_

#### COURSE DESCRIPTION

The Fundamentals of HIV Prevention Counseling is a 20 hour course that provides information about HIV/AIDS, STD's, Hepatitis A, B & C, risk reduction and prevention, HIV testing technology & accuracy, the basics of client centered counseling skills, and multiple role play sessions to practice these skills.

After completion the participant should be able to conduct a pre-test HIV risk assessment counseling session and post-test HIV negative counseling session.

#### COURSE INFORMATION

Title Fundamentals of HIV Prevention Counseling

Schedule ☐ February 25th, 26th, 27th 5:30 to 9:00 PM ☐ August 12th, 13th, 14th 5:30 to 9:00 PM

☐ May 20th, 21st, 22nd 5:30 to 9:00 PM ☐ November 11th, 12th, 13th 5:30 to 9:00 PM

Application FAX or e-mail to, ATTN: Meghan Balough  
801/486-3978 or Meghan@utahaids.org

Training Location Utah AIDS Foundation  
1408 South 1100 East  
Salt Lake City, UT 84105

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### **LETTER OF INTENT** (please describe where and how you will apply the skills learned in this course)

_____
_____
_____
_____
_____

### **AGENCY AUTHORIZATION**

We authorize the person listed above to make application and if accepted, to attend the the Fundamentals of HIV Prevention Counseling course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

### **APPLICANT CONSENT**

Class may be cancelled at the discretion of the instructor. A reasonable effort will be made to provide notification to each confirmed participant.

Class will begin promptly each day at the designated hour.

Applicants must attend all three days to receive their certification.

Applicants will be responsible for all expenses incurred during the training, which may include but are not limited to: travel, training time, and hotel and meal expenses.

My signature indicates that I understand and will abide by these guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_